

**Michigan**  
**\*EMERGENCY\* COVID-19 PANDEMIC**  
**INFECTION PREVENTION DURING THE**  
**CORONAVIRUS DISEASE (COVID-19) PANDEMIC**

Initial Date: 02/12/2020

Revised Date: 02/25/2022

Section 14-05

***Infection Prevention During the Coronavirus Disease (COVID-19) Pandemic***

**Purpose:** To outline infection prevention and personal protective actions when providing treatments during the COVID-19 pandemic. To outline the appropriate decontamination for people, equipment, and vehicles utilized in treatment and transport of patients.

- I. Applicable patients – Due to community spread and the significant increase in asymptomatic and pre-symptomatic patients, **all patients**, and bystanders, should be considered positive for COVID-19.
- II. Universal Source Control
  - a. Patients will have a surgical mask applied prior to being placed in an ambulance unless they are receiving oxygen by mask.
  - b. Anyone accompanying the patient in any part of the ambulance regardless of COVID-19 symptoms will minimally have a surgical mask applied prior to entering the ambulance.
- III. All patient contacts include:
  - a. Protective equipment according to bodily fluid exposure.
  - b. Respiratory protection as outlined below.
- IV. Guidance for respiratory protection utilization based on situation

Situation	Appropriate Respiratory Protection
Greater than 6 feet from any patient (not within an ambulance)	Surgical Face Mask
Within 6 feet of any patient	N 95
Patient compartment when patient present	N 95
Cab of ambulance when patient present	N 95

- V. During Treatment
  - a. The number of responders within six feet of the patient should be limited to the fewest number to provide essential patient care.
  - b. A (surgical type) facemask should be placed on the patient for source control. Do not place N-95 or similar masks on patients as these increase the work of breathing.
  - c. Any family or bystanders should not be within six feet of responders, and if they will wear at least a surgical face mask.
  - d. Aerosol Generating Procedures
    - i. Perform aerosol-generating procedures only when clinically indicated.
    - ii. Keep patient and aerosolization away from others without PPE (e.g., bystanders, EMS personnel not in PPE, etc.).

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Protocol Source/References: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html>,  
<https://www.cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html>,  
<https://www.cdc.gov/infectioncontrol/guidelines/isolation/precautions.html>

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- iii. Preferably, aerosolized procedures should be done NOT within the ambulance. When treating patient in the ambulance, activate patient compartment exhaust fan at maximum level.
  - iv. Use HEPA filtration for to expired air from the patient. (Ventilators, CPAP, biPAP, BVM)
- VI. Patient Compartment –
- a. When practical, utilize a vehicle with an isolated driver and patient compartment.
  - b. Only necessary personnel should be in the patient compartment with the patient.
  - c. All compartments should have ventilation maintained, with outside air vents open and set to non-recirculated mode.
- VII. Patient Transfer
- a. Friends and family of the patient should not ride in the transport vehicle with the patient. If they must accompany the patient, they will minimally have a surgical mask applied.
  - b. Personnel driving the transport vehicle should doff PPE (except for respirator) and perform hand hygiene before entering the driver's compartment. Respirator (N 95) should be maintained throughout.
  - c. Ventilation in the driver's compartment should be set to bring in outside air and on maximum speed.
  - d. Notification of infectious risk (if known) should be made to receiving facility as soon as feasible.
  - e. Upon arrival at receiving facility, open patient compartment doors BEFORE opening driver's compartment doors.
  - f. Maintain mask on patient and filtered exhaust while transporting patient to room.
  - g. Patients should never be transported into a hospital with a nebulizer treatment in progress, regardless of COVID-19 patient status.
  - h. If patient care requires CPAP, contact receiving hospital to coordinate hand-off in a manner that minimizes hospital environmental risk.
  - i. Avoid transporting the patient within 6 feet of others (e.g., unprotected hospital staff, patients, bystanders, etc.)
  - j. Minimize delays in moving symptomatic (or confirmed/suspected or patients with respiratory symptoms) directly to a room to limit exposure to others (e.g., hallway passerby).
  - k. Doff PPE after leaving patient room and perform hand hygiene before touching documentation tools.
- VIII. Cleaning of Transport Vehicle and Equipment
- a. All equipment that was involved in patient care and equipment that was inside of patient compartment of ambulance should be cleaned, regardless of COVID-19 patient status.
  - b. Ambulances should be thoroughly cleaned (including door/compartment handles and ambulance cab) at the beginning and end of each shift in which patient transport occurred, regardless of COVID-19 patient status.

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- c. Vehicle disinfection should include door handles, steering wheel, and other surfaces contacted by personnel.
- d. Perform hand hygiene after cleaning is complete and PPE doffed and disposed of.

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